

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature

S. Lee Agent AddresseeB. Received by (Printed Name) *NOV 10 2007* C. Date of DeliveryD. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

1. Article Addressed to:

US Army Claims Serv.
Bridget Dzierzanowski
4411 Llewellyn Ave
Ft Meade, MD 20755-
5360

3. Service Type

| | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7007 1490 0000 4152 7960

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature

Bridget D. Agent AddresseeB. Received by (Printed Name) *NOV 10 2007* C. Date of DeliveryD. Is delivery address different from item 1? Yes.
If YES, enter delivery address below: No

1. Article Addressed to:

US Dept Justice
off of Atty General
950 Pennsylvania Ave
NW
Washington DC 20530 0001

3. Service Type

| | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7007 1490 0000 4152 7953

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540